

**Outreach Access and Coordination
Committee
Agenda
March 13, 2024
2:00pm – 4:00pm**

Join Zoom Meeting

Meeting ID: 884 0867 7321

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Meetings are public. Alameda County residents with lived experience of homelessness are encouraged to attend. Public Comment will be taken at the beginning of each meeting and is limited to 2 minutes per person.

Agenda

<p>1) Welcome / Introductions (Kate Hart)</p>	<p>2:00pm – 2:05pm</p>
<p>2) Approval of minutes, February 14th, 2023 (Kate Hart) <i>No roll call vote is needed, corrections not already received by Homebase will be noted and minutes changed accordingly.</i> <i>No edits to the minutes provided.</i></p>	<p>2:05pm – 2:10pm</p>
<p>3) Public Comment (Kate Hart) <i>No public comment.</i></p>	<p>2:10pm – 2:15pm</p>
<p>4) Urgent Items (Kim Natarajan) <i>No urgent items.</i> Committee discussed potentially collapsing the agenda categories of "urgent items" and "system updates" in the future.</p>	<p>2:15pm – 2:20pm</p>
<p>5) Homeless System Updates (All)</p> <ul style="list-style-type: none"> • OAC Google Drive: https://drive.google.com/drive/folders/1XydfAT-_booxFXw5eg3fmv_ZeXWhlrB9?usp=sharing • Nominations Committee is in need of new members to seat open Leadership Board and Committee seats. The Commitment is about an hour a week from February through April. If people are interested or have questions, they can email Esther@Homebaseccc.org or the Alameda team address. • Racial Equity Committee is seeking feedback on "Racial Equity Framework" <u>Draft</u> 	<p>2:20pm – 2:25pm</p>

<ul style="list-style-type: none"> ○ Office Hours will be hosted by REC on ○ March 21, 11:00 AM - 12:00 noon ○ Meeting https://homebaseccc.zoom.us/j/81713557958 ○ Meeting ID: 817 1355 7958 ● The Leadership Board has enacted an updated “Temporary Policy on the Use of AI in Meetings” per the memo. Committees are asked to pilot the changes and provide their feedback to the Leadership Board for consideration toward a final policy. The next anticipated opportunity to reconsider the policy is August 2024. ● Save the Date - April 24th - The Spring General Community Meeting will be held April 24th at the Cal Endowment. More details/agenda to come. 	
<p>6) Status Updates on OAC Conversations (Kim Natarajan)</p> <ul style="list-style-type: none"> ● Unsheltered Workgroup <ul style="list-style-type: none"> ○ Purpose: Review existing plans to address unsheltered homelessness and identify areas to improve and/or support those plans. Identify metrics for evaluating impact of the plans. Define CoC role in addressing unsheltered and/or encampments as special populations. ○ Leads and Meeting Times: <ul style="list-style-type: none"> ▪ Amy Cole-Bloom ▪ Friday March 22nd, 10am-11am Pacific ● Shelter Accessibility <ul style="list-style-type: none"> ○ Homebase is researching answers to prior questions that were brought up about shelter accessibility. ○ The attendee who brought up this issue at both OAC and the System Impact Committee was asked to provide their contact information so that we could follow-up with them, but we have not yet received their contact information. 	<p>2:25pm - 2:35pm</p>
<p>7) Healthcare Coordination Efforts (Andrea Zeppa)</p> <p>Navigating Health Systems</p> <ul style="list-style-type: none"> ● How do those accessing homeless services get healthcare coverage? ● Partners: <ul style="list-style-type: none"> ○ Alameda County Social Services Agency ○ Managed Health Plan (Alameda Alliance for Health) ○ Specialized and Targeted Medical Service providers ● Who we serve: <ul style="list-style-type: none"> ○ Medically frail / chronic illness ○ those diagnosed with a Serious Mental Illness (SMI) ○ either or both, coupled with other complex, high social needs. ○ Focus on whole person care ● Healthcare / medical insurance coverage <ul style="list-style-type: none"> ○ Alameda County Social Services Agency (SSA) 	<p>2:35pm – 3:00pm</p>

<ul style="list-style-type: none">○ Information on slides for how to apply, important links○ Medi-Cal is California’s Medicaid program. It is a joint federal & state program that provides health care services for low-income individuals & families (138% of the poverty level).○ Enrollment requires ID, Social Security Card, & Proof of Income, and with new enrollment, and follow up phone appointment will be required.● Applying for Medi-Cal<ul style="list-style-type: none">○ Online or mail: http://benefitscal.com/○ In person: https://www.alamedacountysocialservices.org/contact-us/Our-Offices● See slides for additional resources and information, email andrea.zepa@acgov.org or ohccinfo@acgov.org ● Q&A<ul style="list-style-type: none">○ Laurie Flores: question about physical address being a requirement<ul style="list-style-type: none">▪ Currently unsure, but Andrea will look into it.○ How does the community find out about resources?<ul style="list-style-type: none">▪ Spread the word!▪ Some resources require medical providers to make a referral.▪ Can ask providers and advocate for clients.▪ Also can check out East Oakland Community Project (EOCP) for resources.○ Kaiser is not integrated into our homeless system of care and they are now a managed health plan providing housing community supports, meaning people we are engaging with that are unsheltered are not aware or we are not able to help connect them to people that have been assigned to serve them through housing coordination, housing matching, service referrals and such. I'm continuing to state this in multiple places in the CoC because it is a big systems gap. I've brought this to the Leadership Board as well.○ Clients tell me they have MEDICAL, but they don't know who their doctor is and all that and how to and that's like I don't I don't know if this is a question for on here or for off of here, but, how do I figure out?<ul style="list-style-type: none">▪ If you Google Alameda Alliance for Health, you'll find the website and can log them in if they are a member. Or, you could call with your person or they can call on their own and they'll be able to tell you where they're assigned. It's usually on their card. And if they're with Blue Cross the same thing applies (though Blue Cross is transitioning to Alameda Alliance for Health). But when you when you call their customer service they should be able to tell you and if your client wants to change their provider, they can do that over the phone as well. if they had an online account, it might be easier to contact somebody, but you could call their customer	
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<p>service to find out who they're assigned to or which, which site they're assigned to, like are in they Oakland or Fremont.</p> <ul style="list-style-type: none">○ Question about relevant jobs available for those interested in community health outreach worker positions?<ul style="list-style-type: none">▪ I would suggest that you look on the job opportunities for community health outreach workers. So I would suggest that you look on the job boards for that position and see if there are any openings, that you seem interested in it might meet the qualifications for.○ Can you tell us more about Community Health Outreach Workers? How can I get involved?<ul style="list-style-type: none">▪ On the Street Health teams, it is a Nurse-Led team that includes an intensive case manager and a community health worker. They all have different roles on the team, and they serve as a mobile access point for Coordinated Entry. The Community Health Outreach Worker does the CE coordination.▪ When the slides go out, all of the federally qualified health systems have job opportunities for Community Health Outreach Workers, so you can look on the job boards for that position.○ What would it take for OAC committee to take some initial steps to connect with Kaiser at the CoC level?<ul style="list-style-type: none">▪ Healthcare Services Agency reached out to Kaiser and is having initial conversations about the concerns. If there was an OAC outreach, it would be parallel because conversations have been started.▪ There are two different conversations happening. One is really about data sharing, and that's going to take some time because with Kaiser system and working through and their attorneys around getting some information sharing between Alameda County and Kaiser and will take some time to work on those agreements. The other conversation happening in parallel is more around: in the absence of data sharing, or in addition to, more coordination on the ground and how can subcontractors of Kaiser that are providing some of the CalAim services, for example, how can we get them to participate in some of the regional efforts and be even more present in the CoC. Hopefully those things can happen sooner rather than later. And we're still pushing hard on the data side as well because I think we need both.▪ Also going to raise this to the Leadership Board to figure out what steps the CoC can take.▪ If any of the local non-profits have board members that are part of Kaiser, we could also try to reach them that way.▪ We have a member of the Leadership Board that was formerly with Kaiser, and had recommended the folks that we reached out to.	
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<ul style="list-style-type: none"> ○ Do we have similar issues with other local medical systems? <ul style="list-style-type: none"> ▪ It's different because Kaiser is it's own health plan, and the MediCal / managed health plan in Alameda County. So they're now one of two (the other being Alameda Alliance, since Blue Cross left). When people needed to move off of Blue Cross, they were able to choose to move to Kaiser, so we have more people on MediCal through Kaiser than previously. There are other things that have changed in the MediCal world where foster youth and former foster youth can opt into Kaiser, and a lot of people will choose to do so because it is such a large, comprehensive health system. It has changed the dynamic with us and Kaiser a lot in the last year. But the large hospital systems in the County operate closely with us, they just don't have a managed health plan. ▪ That's a helpful distinction, that it is being this managed health plan that creates this concern. There's a separate issue we've also identified of discharge planning and communication, which is maybe outside of this conversation. ▪ That is always something to focus on, especially with medical respite programs, you can get CalAim reimbursement, so it does require a lot of coordination with hospitals and it doesn't always go perfectly, so the hospital directors are working on intervening so that people are not discharged into homelessness, especially when they need ongoing medical care. 	
<p>8) CES Policy Annual Review and Recommendations Discussion (Kerry Abbott)</p> <ul style="list-style-type: none"> • OHCC applied for and was selected as the management entity for Coordinated Entry in 2020. Prior to that, the healthcare services had held the Home Stretch program so it was a natural step to take on permanent housing matching in CE, and it has been an evolving role and we have worked closely with this committee in particular to ensure people are accessing the systems in the best ways. There are a lot of policy requirements from HUD and a lot of policy needs in the system of care. <ul style="list-style-type: none"> ○ Every year, depending on the policy area, we bring the policies back to this group to review. At this time, we have the CE policies, grievance policy, and housing problem solving policy up for review. Updates are highlighted in the slides. • Major changes outlined in the slides; track changes used in documents to show where changes are being suggested. <ul style="list-style-type: none"> ○ Committee members should review these changes and email recommendations or edits to Anna Fellers anna.fellers@acgov.org ○ Policies will be discussed and voted upon at the April OAC meeting. • Q&A <ul style="list-style-type: none"> ○ Are the updates pretty substantive? 	<p>3:00pm – 3:45pm</p>

<ul style="list-style-type: none"> ▪ Concepts and main tenants haven't changed; it's more that we're getting more specific, building things out, deepening the details. ▪ "Specifying prioritization" is just providing more details on how prioritization happens, but no change or adjustment to how the prioritization schemes already determined. People will still be prioritized in the same ways, we're just providing more details. ○ Did these updates include the most recent Coordinated Entry evaluation findings and what we learned from that? <ul style="list-style-type: none"> ▪ The intent is always for the policies to grow and change through evaluation processes, and some of these changes were based on the most recent evaluation. Our intent is to do another evaluation this year, so any policy changes we bring next year will be informed by that. ○ Clarification of processes: <ul style="list-style-type: none"> ▪ This year's evaluation is scheduled for Fall. Want to have plenty of time for conversations before next year's annual policy confirmation (which is usually in March). ▪ Policies are just how we document what happens in the system. Evaluation is how the system is working for us. ▪ Evaluation can lead to changes in policies, but the evaluation last time was less comprehensive in terms of capturing all of the desires of our CoC, so we anticipate that the upcoming evaluation will surface more things that need to be modified and documented in the policies. ▪ We are bringing this now for review because it is due and required at this time; timing isn't perfect. ○ Committee will have a role in designing the CE evaluation process that is slated to start sometime in the Fall season. 	
<p>9) 2024 Workplan Status Update (Amy Cole-Bloom)</p> <ul style="list-style-type: none"> ○ Our workplan was adopted by this group at the start of the year, it is split out based on tasks required of us by the Charter (starting in row 4), and then more specialty projects identified as priorities by this group but aren't obligations in the charter. ○ Amy reviewed where we are right now in the workplan and what is ahead. See workplan document for details. 	<p>3:45pm – 3:55pm</p>
<p>10) Closing</p> <p>a) Upcoming Agenda Items</p> <p>Next meeting: April 10th, 2023</p>	<p>3:55pm – 4:00pm</p>

Attendance March 13, 2024

Committee member	Attendance
Alison Dejung	present
Amy Cole-Bloom	present
Ariana Nawabi	absent
Catharine Casimere	absent
Kerry Abbott	present
Daniel Scott	present
Jenn Oakley	present
Kara Carnahan	present
Kate Hart	present
Laurie Flores	present
Stacey Burmaster	absent
Stephanie Semien	present
Tiara Jones	absent
Marcela Munoz	present
Veronica Alder	present

Public Attendees

Adriann Pemberton	Sadia Khan	Homebase Staff
Alex Baker	Suzanne Warner	Kim Natarajan
Alex Baker OAD/OHCC	Tori Nichols	Katricia Stewart
Andrea Zeppa		
Anna Fellers		
Brigitte Cook		
Chloé Greene		
Dr. Kenisha Bryant		
Hanna Toda		
Kyojo Phil Clark. OHCC/HCH		
Lucy Kasdin		
Nic Ming		
Ray Corona		